



DOCKET NO. BIO-177

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Assaf Govari

Serial No.: 10/629,661

Art Unit: 3736

Filed : July 29, 2003

Examiner:

For : LASSO FOR PULMONARY VEIN MAPPING AND ABLATION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 2, 2004

(Date of Deposit)

Louis J. Capezzuto

(Name of applicant, assignee, or Registered Representative)

(Signature)

February 2, 2004

(Date of Signature)

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of Assaf Govari entitled LASSO FOR PULMONARY VEIN MAPPING AND ABLATION attorney Docket No.BIO-177, to complete, pursuant to Rule 51, this application filed on July 29, 2003 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/BIO-177/LJC in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/BIO-177/LJC. This sheet is submitted in triplicate.

Respectfully submitted,

Louis J. Capezzuto
Reg. No. 37,107
Attorney for Applicant(s)

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(732) 524-2218

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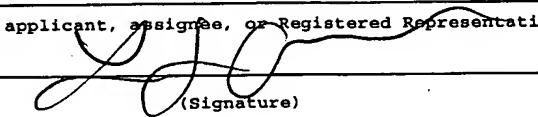
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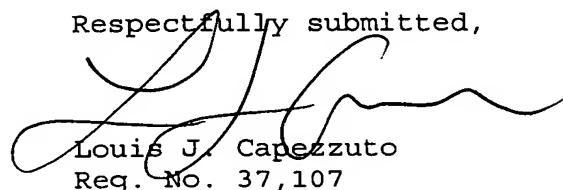
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Reg. No. 37,107
Attorney for Applicant(s)

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 (732) 524-2218



Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Declaration Submitted after
Initial Filing OR Initial Filing (Surcharge
(37 CFR 1.16(e)) required)

Attorney Docket Number	BIO-177
First Named Inventor	Assaf Govari
COMPLETE IF KNOWN	
Application Number	10/629,661
Filing Date	July 29, 2003
Group Art Unit	3736
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LASSO FOR PULMONARY VEIN MAPPING AND ABLATION
(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **07/29/2003** as United States Application Number or PCT International Application Number
10/629,661 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented
		Patented
		Patented

I hereby appoint:

<input checked="" type="checkbox"/> Practitioners at Customer Number	<input type="text" value="000027777"/> →	Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below:	<u>Name</u>	<u>Registration Number</u>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Louis J. Capezzutto at telephone number (732) 524-2218.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name:

Address:

Address:

City:	State:	ZIP
Country	Telephone:	Fax:



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any]) Assaf	Family Name or Surname Govari
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Inventor's Signature	Date 22. 01. 2004
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Residence: City Haifa	State	Country Israel	Citizenship Israel
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Mailing Address Vitzo 1			
City Haifa	State	ZIP 34400	Country Israel

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	Family Name or Surname
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Inventor's Signature	Date
-------------------------	------

Residence: City	State	Country	Citizenship
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Mailing Address			
City	State	ZIP	Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
-------------------------	---	--	--

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
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Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address			
City	State	ZIP	Country